| -3 6   | NI APPLICATION F  | or Form PTO-876  | TION RECORD  | THE POST OFFI  | Application or     | Dockel Humber             | nunt   |
|--|---|--|--|----------------|--------------------|---------------------------|--------|
| APF  | LICATION AS FILED.  | -PARTI   |  |                | 10/71              | 9759                      |        |
| FOR  | (Column 1)  NUMBER FILED  | (Oolumn'2)   | - SMALL  | ENTITY         | OR.                | OTHER THAI                | N.     |
| O FEE<br>ER 1.16(a), (b), or (c))                                  | HOWBER FRED   | NUMBER EXTRA   | RATE (1)   | FEE (1)        |                    |                           |        |
| ROH FEE<br>FR 1.1001 BL or (mi)                                    |   |  |  |                | 100                | FE                        | E(1)   |
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| R 1.16(II)<br>ENDENT GLAIMS  | minus 20 •  | . 1  | 1  |                |                    | ·                         |        |
| H 1.16(N)  | minue 8 =   |  |  | 1. C           | OR X               | . 41                      |        |
|  | if the specification and d<br>sheets of paper, the app<br>is \$250 (\$125 for small e<br>additional 50 sheets or fr<br>35 U.S.O. 41(a)(1)(0) an | nilly) for each<br>solion thereof. See<br>137 OFR 1 4861 |  | 1              | ×                  | e                         | -      |
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| APPLICATION  | te tees than zero, enter °° in<br>DN AS AMENDED - P.  | oolumn 2.  | TOTAL  |                | TOTAL              |                           |        |
| . (Oplun   |   | •  |  |                |                    | ist :                     | $\neg$ |
| OLXI<br>REMAI<br>. AFTI<br>AMEND                                   | Ms High   | TA   | RATE (1)   | DDI .          | - BMA              | HER THAN                  | _      |
| Ole  | Minus ***   | OR   | 1  | DNAL<br>E(8)   | RATE (\$)          | ADBI-<br>TIONAL<br>FEE(f) |        |
| xilon size fee (37 C   | /   |  | ×/00 -   | OR OR          | ×.50<br>×200       | 7                         | 4      |
| PRESENTATION OF M  | ULTIPLE DEPENDENT OLAM  | 197 OFR 1.10(j)  | 180  |                |                    |                           | 4      |
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| CLAIMS<br>REMAININ   | Column  |  |  | OR             | TOTAL<br>ADD'L FEE |                           | -[     |
| AFTER AMENDME  |   | LY EXTRA   | RATE (6) ADD<br>TION<br>FEE  | Às I           | RATE (6)           | ADDI-<br>TIONAL           | 1      |
| HILL 3   | Minus sea 3   |  | x25= /   | OR .           | x 50.              | PEE (6)                   | 1.     |
| on Size Fee (37 OFR  |   |  | ×.100.   | OR             | ×200=              | /                         |        |
| CONTRION OF MULT   | TPLE DEPENDENT CLAIM (87  | OFR 1.16(I)).  | (30)   | OR             | 360                | -/                        |        |
| ari Number Previous  | ihaa ihe entry in column 2, w<br>ely Paid For" IN THIB SPACE<br>ly Paid For" IN THIS SPACE<br>y Paid For" (Total or Indepen                     | Alle °0" in column 8.<br>E la less than 20, enter "2     | OTAL<br>DD'L FEE<br>20:  | ÓR             | TOTAL<br>ADD'L FEE |                           | •      |
| tormation is require<br>an application. Con<br>preparing, and subs | d by 37 CFR 1.16. The Into<br>ildentiality is governed by 38<br>nitting the completed applica   | Amalion is required to o<br>i.U.S.C. 122 and 87 CFR      | ber found in the appropriate or retain a benefit 1.144. This collection is | i by me bripik | which is to file   | (and by the               |        |
| e. U.S. Department<br>TO: Commission                               | of Commerce, P.O. Box 145<br>ner for Palents, P.O. Bo   | 0, Alexandria, VA 22313                                  | 1450 DO NOT DEVI   | g upon the inc | ilvidual case. An  | y comments                |        |

If you need assistance in completing the form, call 1-800-PTO 9199 and select option 2.